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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 53 Valley 0926 Glasgow K-12 Schools **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 1-A 1580 No UPHAUS, JIM 0.73 1-A 1581 No HOLTER, BECKY 2.25 1582 NIELSEN, KATHY 1-A No 2.50 1992 BONDY, BETH 1-A No 0.00 2324 Nichols, Bryce & Lorraine 9.00 1-A No

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Shared

No

KORMAN, MAXINE

#

1982

7C

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

Rate

9.25

State	
District	
County	

Transported

	Helena, MT 59620-2501	Individual and Isolated Transportation County
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FO	R INDIVIDUAL AND ISOLATED TRANSPORTATION:
This claim	is for the period beginning	and ending, 20  month day
CERTIFI	-	
The inform	nation on this form is complete and accurate to the best of my knowledge	
Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
53 Valley	0933 Hinsdale H S	High School
District Co.	ntract	Daily # of Days

Family's Name

0	PI	

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 53 Valley 0935 Opheim K-12 Schools **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 9D 1846 No KINSEY, LORI 3.00

0	PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0937 Nashua K-12 Schools 53 Valley **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 13E 1415 No BARNETT, BETTY 2.70 TIHISTA, CARLA 13E 1416 No 0.30